Name : Mr. RAMACHANDRUDU **KURUVA**

: MED121472419

PID No. Register On : 12/11/2022 10:51 AM : 522228437 SID No. Collection On : 12/11/2022 11:10 AM Age / Sex : 47 Year(s) / Male Report On : 12/11/2022 5:31 PM Type : OP **Printed On** : 14/11/2022 12:42 PM

Ref. Dr : MediWheel

Investigation HAEMATOLOGY	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	14.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	44.7	%	42 - 52
RBC Count (EDTA Blood)	5.64	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	79.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	25.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	31.6	g/dL	32 - 36
RDW-CV	13.5	%	11.5 - 16.0
RDW-SD	37.47	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7600	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	52.0	%	40 - 75
Lymphocytes (Blood)	38.5	%	20 - 45
Eosinophils (Blood)	2.1	%	01 - 06
Monocytes (Blood)	7.0	%	01 - 10



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Basophils (Blood)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Pa	art cell counter. All a	abnormal results are r	eviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	3.95	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.93	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.16	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.53	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood)	253	10^3 / μl	150 - 450
MPV (Blood)	7.8	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	4	mm/hr	< 15



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	1.24	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.39	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.85	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	10.75	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	11.96	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22.37	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	87.3	U/L	53 - 128
Total Protein (Serum/Biuret)	7.12	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.83	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.29	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.11		1.1 - 2.2



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SID No.

Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	164.49	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	130.44	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_circulating level of triglycerides during most part of the day.

Part of the party.			
HDL Cholesterol (Serum/Immunoinhibition)	41.18	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	97.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	123.3	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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<u>Investigation</u>	Observed Unit	<u>Biological</u>
-	Value	Reference Interval

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.2	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	7.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 154.2 mg/dL

(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbAlC values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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InvestigationObservedUnitBiologicalValueReference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.32 ng/ml 0.7 - 2.04

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is

Metabolically active.

T4 (Tyroxine) - Total $10.13 \, \mu g/dl \, 4.2 - 12.0$

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) 1.41 µIU/mL 0.35 - 5.50

(Serum/ECLIA)

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values & amplt 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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InvestigationObservedUnitBiologicalValueReference Interval

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour Yellow Yellow Yellow to Amber

(Urine)

Appearance Clear Clear

(Urine)

Volume(CLU) 20

(Urine)

CHEMICAL EXAMINATION (URINE

COMPLETE)

pH 5.0 4.5 - 8.0

(Urine)

Specific Gravity 1.018 1.002 - 1.035

(Urine)

Ketone Negative Negative

(Urine)

Urobilinogen Normal Normal

(Urine)

Blood Negative Negative

(Urine)

Nitrite Negative Negative

(Urine)

Bilirubin Negative Negative

(Urine)

Protein Negative Negative

(Urine)



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(Urine)

Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine) MICROSCOPIC EXAMINATION (URINE COMPLETE)	Negative		Negative
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Dr Anusha.K.S Sr.Consultant Pathologist Reg No : 100674

KURUVA

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 Age / Sex
 : 47 Year(s) / Male
 Report On Example 12/11/2022 5:31 PM

Ref. Dr : MediWheel

: OP

Type

InvestigationObservedUnitBiologicalValueReference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'B' 'Positive'

(EDTA Blood/Agglutination)

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Printed On

Dr Anusha.K.S Sr.Consultant Pathologist Reg No : 100674

: 14/11/2022 12:42 PM

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	13.49		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	117.42	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine)	Negative		Negative
(Urine - F/GOD - POD)			
Glucose Postprandial (PPBS)	210.27	mg/dL	70 - 140
(Plasma - PP/GOD-PAP)			

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Trace		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.83	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid 6.03 mg/dL 3.5 - 7.2 (Serum/*Enzymatic*)



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Investigation IMMUNOASSAY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.631	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0



-- End of Report --

Name	MR.RAMACHANDRUDU KURUVA	ID	MED121472419
Age & Gender	47Y/MALE	Visit Date	12 Nov 2022
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size (13.6cms) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.

CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.

No demonstrable Para-aortic lymphadenopathy.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.3	1.6
Left Kidney	11.6	2.0

URINARY BLADDER is partially distended. It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern. It measures 2.8 x 2.4 x 3.8cms and vol: 14cc.

No evidence of ascites.

IMPRESSION:

- Grade I fatty infiltration of the liver.
- No other significant abnormality detected.

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Age & Gender	47Y/MALE	Visit Date	12 Nov 2022
Ref Doctor Name	MediWheel		

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST

Hn/an

Name	MR.RAMACHANDRUDU KURUVA	ID	MED121472419
Age & Gender	47Y/MALE	Visit Date	12 Nov 2022
Ref Doctor Name	MediWheel	-	

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA 2.35 cms. LEFT ATRIUM : 2.82 cms. AVS : 1.47 cms. LEFT VENTRICLE (DIASTOLE) 3.55 cms. (SYSTOLE) 1.77 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 0.85 cms. (SYSTOLE) 1.43 cms. **POSTERIOR WALL** (DIASTOLE) 1.20 cms. (SYSTOLE) 1.35 cms. **EDV** 52 ml. **ESV** 10 ml. FRACTIONAL SHORTENING 50 % **EJECTION FRACTION** 60 % : **EPSS** cms. **RVID** 1.80 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.8 m/s A - 0.3 m/s NO MR.

AORTIC VALVE: 0.7 m/s NO AR.

TRICUSPID VALVE: E - 0.4 m/s A -0.2 m/s NO TR.

PULMONARY VALVE: 0.5 m/s NO PR.

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Age & Gender	47Y/MALE	Visit Date	12 Nov 2022
Ref Doctor Name	MediWheel		
Ref Doctor Name	MediWheel	!	ļ.

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.

: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

Aortic Valve : Normal.Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.
- NO REGIONAL WALL MOTION ABNORMALITIES. .
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

Name	MR.RAMACHANDRUDU KURUVA	ID	MED121472419
Age & Gender	47Y/MALE	Visit Date	12 Nov 2022
Ref Doctor Name	MediWheel	-	

DR. YASHODA RAVI

CONSULTANT CARDIOLOGIST

Name	RAMACHANDRUDU KURUVA	Customer ID	MED121472419
Age & Gender	47Y/M	Visit Date	Nov 12 2022 10:51AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

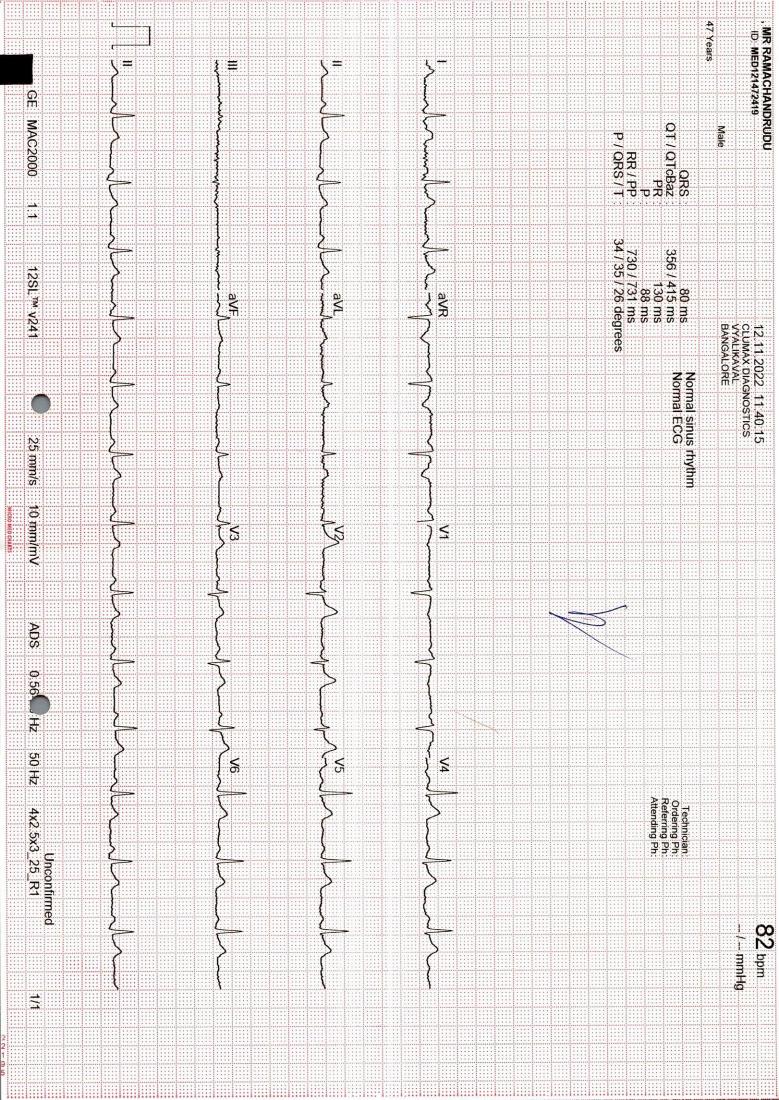
Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.

DR.HEMANANDHINI CONSULTANT RADIOLOGIST



OPTICAL STORE

Unique Collection

Ph 9611444957

Vyalikavai Main road Nc. 12 Laksi m. Nilaya, Ground Floor 2nd Main Road, Vyalika ar. Benguluru Karnataka - 560003

Name

Age

Ranachandrudu 47475 +

Ph No

CHIEF COMPLAINTS

RE/LE/BE

DOV , Blurring / Eyeache / Burning

Itching / Pricking / Redness :

Visual Activity

	1	RE		4.
Distance/ Near	6	9	6	9
With PH		1.		1,0
With Glasses/Ct	6	1	5	60

Color Vision BE - Normal

=

		R	ί .				£	
	SPH	CYC	AXIS	VN	SF- 1	Cr.	AXIS	. VN
Distance								
Near								

Advise: Constant Use / Near Use / Distance Only

Pouri Komalth

(Consultant Optometrist,





Patient Name	Ranachandoudu	Date	12/11/22
Age	4748	Visit Number	522228437
Sex	Male	Corporate	Medi wheel

MEDICAL EXAMINATION REPORT

175 Height:

cms Weight :

27.8 BMI:

Healthy BMI range: 18.5 kg/m² - 25 kg/m²

Healthy weight for the height: 58.0 kgs - 78.3 kgs

Lose 8.4 kgs to reach a BMI of 25 kg/m².

Ponderai Index: 15.6 kg/m³

Blood Pressure : 117 178

mm of Hg

Pulse:

per mt

Chest - Exhale :

cms

Inhale : 100

cms

Abdomen :

91

cms

Eyes:

Nomer

None

Throat:

Neck Nodes: Was Pdloby

CVS:

きょって

PA:

RS:

NUBS

CNS:

Smoker / Alcoholic:

NP

Weight loss / cough:

H/O Piles / Fever:

No

Any surgery:

Medication for DM / HT/ Heart disease :

Dr. SHANKAR K.R.S 8sc. MBBS..

KMC No: 15130

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